



**Westport Weston
Health District**

February 20, 2009

Honorable Senator Harris and Representative Ryan, Co-Chairs
Appropriations Committee
Health & Hospital Subcommittee
Room 2700, Legislative Office Building
Hartford, CT. 06106

Dear Senator Harris and Honorable Representative Ryan:

Mr. Chairman and fellow committee members, thank you for this opportunity to share my concerns about the Governor's Bill 847, *An Act Implementing the Governor's Budget Recommendations Concerning Public Health*.

Let me begin by stating, that as a former Chief Elected Official of my hometown, I fully understand the difficult fiscal challenges confronting the State of Connecticut and its municipalities and the need to balance budgets. You have a most difficult task to undertake, thank you for your efforts.

Today I am here as the newest Director of Health at the oldest and first officially recognized health district in the State of Connecticut. Westport and Weston have a wonderful history of public health advocacy and collaboration that dates back to 1908. Officially sanctioned by the State of Connecticut in 1965 as the Aspetuck Valley Health District, the District changed its name to the Westport Weston Health District in 1983 for the purpose of easier identification.

The Westport Weston Health District is a full service health district offering comprehensive public health services that include public health nursing, is fully compliant with state mandates and staffs one of the few community travel immunization clinics in Connecticut. Additionally, we are active participants in regional emergency planning for public health and medical services during a disaster. Our existing plans include supporting Norwalk Hospital in the event alternate care sites must be established in the community, as well as being the lead agency for a three-town area should emergency mass vaccination or medication clinics be needed during a public health emergency. From its very genesis in 1908, the Westport Weston Health District has been a leader of public health initiatives and a supporter of inter-community collaboration and resource sharing.

Every Connecticut citizen should be served by and/or have access to a competent public health jurisdiction. A professionally trained and staffed regional health jurisdiction is a very cost effective way to accomplish this. As a 3rd generation New England Yankee that also believes in the principle of home rule, I am convinced that no one size fits all, and that if a community wants to go it alone, they should be free to make that choice.

I am here to share with you my opinion as a 25 year public health practitioner, that as currently written, Bill No. 847 may save the State of Connecticut some money in the short term but put essential public services at risk and undermine the effort to get towns to work together cooperatively to regionalize public health services. With municipalities also feeling the financial pain, any reduction in funding will result in local community leaders demanding a reduction of services rather than picking up the shortfall. The reduction in state funding will be viewed as a form of reverse taxation; the state mandates services without providing any resources to deliver them.

The larger municipalities and small towns left out of the current Bill language and funding formula may say the heck with needed improvements to the public health infrastructure and go back to being reactive to disease outbreaks or disaster planning rather than be proactive and preventing negative health consequences. Isn't that what public health is supposed to be all about – *preventing* citizens from getting diseases, *preventing* injury and *avoiding* negative health outcomes of our citizens?

Bill 847 is not in touch with the political realities of how inter-town cooperation has worked in the State of Connecticut. Currently there are 20 Health Districts recognized by the State of Connecticut Department of Public Health. They were formed voluntarily by the towns involved, because it made economic and administrative sense to do so. They were formed by forward looking communities with similar interests, concerns, and values. As a result, the Boards of Directors that govern them (community volunteers) work well together to solve common challenges.

Communities somehow forged together out of fiscal desperation, with dissimilar interests and values, will have Boards of Directors with members at odds with one another. Rather than working for the larger good, it has been my observation that they become dysfunctional. The quality of public health in the communities they serve will suffer.

However, the most serious flaw in the Bill is how it redefines what will constitute a Regional Health Department after July 1, 2009 and eliminates Statutory authority for those health jurisdictions that do not fall into the new regional definition or is considered a municipal department.

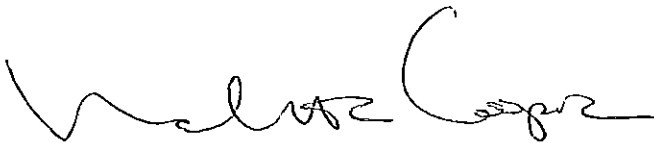
If Bill 847 is approved as written, seven (7) health districts that currently exist serving nearly 344,000 Connecticut citizens, will no longer fall under the new definition of what constitutes a Statutorily recognized Regional Health Department (3 or more towns and serving a population

over 50,000). The Westport Weston Health District is one of these seven districts at risk. Districts such as ours will not be a Regional Health Department under the Bill and because the legislative bodies of participating communities have formally given their legal public health responsibilities and liabilities to the Boards of Directors that govern them, they are no longer municipal. Statutorily, the communities that have chosen to participate in health districts that will not meet the new definition cannot withdraw from a District until after a one full year notice of such intent. What happens to the public health interests of the citizens in such a District after July 1, 2009? Will existing health districts that do not meet the new definition have the legal authority to take *any* actions to protect the public? Furthermore, even if existing health districts that do not meet the new definition were interested in the process of enlarging to comply with the Bill, it may take several months to accomplish because of the many administrative and local legislative steps that must be taken. To leave existing health districts statutorily "hanging," with no viable alternative and the citizens they serve without any public health protection, is a serious oversight in the Bill and needs attention.

Recommendations to make the language in Bill 847 less harmful to statewide public health efforts include:

- Statutorily recognize or at least grandfather existing recognized Health Districts such as the Westport Weston that have the staff and resources that can serve as the foundations for viable Regional Health Departments.
- If the cut to funding must be sustained at the proposed level, keep the existing distribution formula and proportionately allocate the available funds, phasing out part-time, municipal and other non-regional jurisdictions over 2 to 3 years.
- Recognizing the reduction in funding to public health efforts, reduce and/or eliminate state mandates to unfunded public health jurisdictions. Let local health jurisdictions prioritize and implement public health efforts that are responsive to the public health needs of their citizens and communities.

Thank you for your consideration. If there are any questions or comment regarding my comments, I would be delighted to answer them.

A handwritten signature in black ink, appearing to read 'Mark A.R. Cooper', with a large, stylized initial 'C' at the end.

Mark A.R. Cooper, M.P.H., R.S.
Director of Health
Westport Weston Health District